

**ACKNOWLEDGEMENT AND ACCEPTANCE OF
LAURA'S FAMILY DAYCARE CONTRACT AND HANDBOOK**

We/I, _____ the parent(s) of; _____
Parent(s)/Guardian(s) Printed Names *Child's Printed Name*

hereby acknowledge that I(we) have read this handbook and accept it in its entirety. Moreover, I(we) agree that I(we) will completely fill out all attachments and forms necessary for enrollment, as well as provide the up to date medical and immunization records for my child as required by Connecticut State Law.

Please initial and sign below.

_____ **Water Play Consent** I/We authorize, Stephanie S. Norman and all properly licensed staff of *Laura's Family Daycare* to allow my(our) child to play with the water tables and sprinklers, as age appropriate. *Laura's Family Daycare* staff will provide constant supervision and water safety measures while he/she is in and around the water. I hereby release Stephanie S. Norman, *Laura's Family Daycare* and all *Laura's Family Daycare* staff from any and all liability regarding water related accidents.

_____ **Media Release Consent** I hereby grant permission for Stephanie S. Norman to take photos of my child and post them on the daycare Facebook page (open to approved "fans" only) and/or the business website and Facebook. I trust she does this with discretion.

_____ **Payment** I understand that payment is due prior to services being rendered, no later than 9am Monday morning, even if this day is a federal holiday. Checks made payable to Laura's Family Daycare, or via Venmo @Stevie-Norman or Apple Pay are accepted.
Please make note of the dates in the payment!

_____ **Abuse/Neglect Advisory**

As a licensed childcare provider, it is the responsibility of all *Laura's Family Daycare* staff as mandated reporters to report any and all suspected child abuse and/or neglect. Therefore, if we assume that there is any kind of child abuse committed on any child in our care, and if we think that anything questionable is present as far as abuse or neglect is concerned, we will IMMEDIATELY contact the Police Department as well as Child Protective Services. By signing this form, you acknowledge this and agree that it is in the best interest of your child/children.

_____ **End of Care**

I understand that I must provide two weeks notice and/or the equivalent of two week's tuition to terminate this contract. The provider will also provide two weeks notice UNLESS care must be immediately stopped due to the presence of the child on premises being deemed as dangerous for the other children in care. If this occurs I am still responsible for that week's payment in which care is ended. I will have two weeks to retrieve my child's belongings before they are donated due to location space constraints.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Date